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Art. I.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 180.)

No. 2.—*Internal Refrigerants.*

In the management of all affections in which the heat of the body is morbidly increased, and especially in our ordinary fevers, there are no remedies on which we place better founded reliance than those that belong to the class of refrigerants, or in other words that are capable of diminishing the morbid heat of the body.

To reduce this excessive heat, external agents of a proper temperature are most effectual. Damp cold, as we have elsewhere said,[1] of all external means of refrigeration tends best to diminish the activity with which heat is developed, and hence its value as an external refrigerant in fever. The same effect is induced by taking cold drinks; the influence they exert upon the lining membrane of the stomach is soon extended to every part of the system, so that the excited vital actions are speedily reduced.

So far, then, as regards the use of agents that abstract caloric from the system, there can be no doubt that we possess valuable refrigerants; but it becomes an interesting question to establish, whether any internal refrigerants are better than cold water, and whether certain agents generally esteemed to be capable of tempering morbid heat are at all entitled to the reputation they have acquired.

It is not every writer on the materia medica who has admitted a division of refrigerants, and they who have, have given an explanation of their *modus operandi* which can by no means apply to some of the most prominent of the reputed internal refrigerants. For example, Dr. Paris, a well known writer on materia medica, asserts, that "there are *certain saline substances* which, by undergoing a rapid solution, and acquiring an increased capacity for caloric, produce a diminution of temperature; and if this takes place in the stomach, the sensation of cold which it produces is equivalent to a partial abstraction of stimulus; this being extended by sympathy to the heart occasions a transient reduction in the force of the circulation, and by this, or by a similar sympathetic affection, causes a sensation of cold over the whole body."[2]

Now how does this definition apply to the main articles of the materia

[1] General Therapeutics, p. 465. Philadelphia, 1836.
[2] Pharmacologia, 4th Amer. edit. By Dr. John B. Beck. p. 67. New York, 1831.

medica which have been looked upon as internal refrigerants? These are the nitrate of potassa and the borate of soda, and boracic acid—formerly termed *sal sedativus Hombergi.* The two last we may banish unhesitatingly from the list; for although we are compelled to infer that *experience* must have sanctioned their introduction, a later *experience* and probably a better has caused them to be regarded as by no means entitled to the character formerly bestowed upon them. Where, indeed, is there an article, however loathsome and irrational, which has not been indebted to fancied *experience* for its introduction into the catalogues of the materia medica? A better system of observation, and, what is of equal if not of greater moment, a better system of reasoning, now prevails, under whose operation the materia medica is becoming purged of its grossness and impurities; and we have no doubt, if the same *rational* system continues, the study of materia medica and therapeutics, instead of being esteemed dry—as it is generally, although, we think, erroneously—will become as attractive as that of any other department of medicine.

The kind of rational enquiry, to which we have referred, exhibits in a striking point of view the errors into which *apparent experience* may lead us, provided we are not guided by the lights of sound reflection. The definition, by Dr. Paris and others, of an internal refrigerant, refers to "saline substances," which *by undergoing a rapid solution in the stomach* produce a diminution in the temperature of that viscus; and the definitions are obviously so worded as to include such substances only. *Practically*, then, what agents have we that can be considered as belonging to the class of internal refrigerants, as thus defined? Not one. Certainly not the nitrate of potassa, because that is always dissolved before it is taken; and even were it not, could the slight diminution in temperature caused by the solution be productive of greater advantage than a like diminution produced in any other way, as by taking cold water of the same temperature? *Experience* shows most satisfactorily, that as respects the action of the nitrate of potassa on the vital functions, it is *excitant* instead of *refrigerant;* and that it is only refrigerant when it comes rigidly under the definition of the writers to whom we have referred, that is, "when it undergoes a rapid solution, and, acquiring an increased capacity for caloric, produces a diminution of temperature, and if this takes place in the stomach, the sensation of cold which it produces is equivalent to a partial abstraction of stimulus."

But, although refrigerant only under these identical circumstances, the nitras potassæ has been ranked and classed as an "internal refrigerant" generally, and the same may be said of the saline ingredients that go to the constitution of the common saline or neutral mixture; and, accordingly, we observe both one and the other directed in the prescriptions of the physician to be prepared, that is dissolved, in the shop of the apothecary; to be sent to the house of the patient; kept in the sick chamber, and administered, *at the temperature of the chamber,* to the patient, in divided doses, during the day. What refrigerant effect can be expected under such circumstances! Yet, notwithstanding all these reflections, suggested by an attention to "rational therapeutics," we should bow to the weight of evidence, did experience—sound experience, that is—show, that the nitras potassæ is really capable of exerting a refrigerant influence. We have said that such experience proves it to be not *temperant* but *exciting.* But it may be said that the use of this

agent, as well as of the "saline mixture," has been really found beneficial in fever. Does any rational practitioner place any reliance upon one or the other except as agents in the fulfilment of a temporising policy? When the saline mixture is administered in a state of effervescence, it is often most grateful to the patient, and the impression made on the stomach by the carbonic acid gas, disengaged by the union of the vegetable acid and the carbonated alkali, appears at times to exert a pleasing influence. But when either the saline mixture, or the solution of the nitras potassæ, is administered as above described, the great salutary influence after all is in many cases occasioned by the confidence reposed by the practitioner in his "febrifuge mixture." Under this confidence he is less likely to interfere with the diseased organic actions in the officious and perturbating manner so often practised, and in this way the use of a comparatively inert compound may be followed by positive benefit.

This is not the only instance—would that it were!—of wandering from the true track, of which philosophy has to deplore the existence of so many examples in the history of medicine. Of the multitude of such cases we shall refer to but one of modern occurrence, relative to the internal use of the *secale cornutum*, or ergot of rye.

From the effects which this article is considered capable of exerting on the fibres of the parturient uterus, it was imagined that its exhibition might be beneficial in uterine hemorrhage occurring during labour: afterwards its employment was extended to uterine hemorrhage in the unimpregnated female, and many cases were published in confirmation of its being possessed of such virtues. After this it was thought that it might be serviceable in leucorrhœa, although the main seat of this affection is the lining membrane of the vagina; and lastly, as it was found serviceable in uterine hemorrhage, it was conceived that it might exhibit like powers in other hemorrhages, and accordingly it was given in epistaxis, or bleeding from the nose! and in all these affections cases were not wanting to demonstrate its valuable powers! Yet the origin of all these extensions of its employment as a therapeutical agent seems to have been the knowledge, that on the *uterine fibres of the parturient female* it was capable of exerting a decided and an energetic action! We need scarcely say, that the remedy, in the extensions specified, is now scarcely ever used, *experience*—which is too often mere *coincidence*—although as authoritatively promulgated as when Aëtius,[1] Paulus of Ægina,[2] and Amatus Lusitanus,[3] recommended *coition* as a cure for diarrhœa; or as when the viper, the snail, the earth worm, the frog's spawn, &c., were introduced into the dispensatories[4]—having shown that the connection between cause and effect was certainly not stronger than in the celebrated case mentioned by Bishop Latimer, in the last sermon which he preached before Edward VI., of an "old aged man," Master More, who deposed, that in his opinion the building of Tenterton steeple was the cause of the Goodwin sands. "For I am an old man, sir, (quod he) and I may remember the building of Tenterton steeple, and I may remember when there was no steeple at all there, and before that Tenterton steeple was in building there was no manner of speaking of any flats or sands that stopped

[1] Tetrabib. 1. serm. iii. cap. 8. [2] Lib. i. cap. 35.
[3] Lib. i. cent. 13. obs. 11. [4] Quincy's Pharmacopœia Officinalis. Edit. 10th, 1736.

the haven, and therefore I think that Tenterton steeple is the cause of the destroying and decaying of Sandwich haven!"

It is the duty of the correct therapeutist not to believe in the existence of any qualities in any article until they have been adequately proved. When such is the case, no reasoning can set aside facts; but unless the evidence is overwhelming it is equally his duty to remain in doubt, should reflection suggest to him strong grounds for believing that the number of observations has been insufficient, that they have not been properly made, or are irrational.

Art. II.—MEDICAL TOPOGRAPHY—No. 3.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 203.)

From what we have said in our first number on the Medical Topography of the southwestern portion of the United States, it may be rightly judged that most of the *endemical* affections that prevail there owe their origin to *malaria*, (given out from the fruitful sources we have described,) sudden alternations of temperature, and undue moisture of the atmosphere. Frequently a combination of all these unites to produce anomalous forms of disease; but generally the type indicating malaria as their remote cause is present.

Remittent Fever.

The remittent fever first claims our attention, from its common prevalence in the southwest, and from the circumstance of the great mortality that attends it. This fever sometimes occurs in May, June, and July, and in these months is generally of a mild character; but in August it is a much more dangerous affection, and in September and October acquires its greatest violence—assuming, frequently, then a congestive form. This disease begins to decline in the latter part of October; and although a few cases are met with after frosty weather has set in, it is uncommon to see any in the winter months—although I have treated several in December at Fort Gibson.

Almost all the cases of remittent fever that I have met with in the Arkansas country were attended with more or less disorder of the mucous lining of the stomach and bowels—particularly of the larger intestines: colic pains and dysenteric discharges were common. In the cases met with in the months of spring and two first of summer, mucous, sero-mucous, and sanguineo-mucous stools were usual attendants of the disease—the first like coagulated albumen, the second watery and flocculent, the last like unto blackberry jam or dark currant jelly—sometimes, when blood was absent and bile commingled with the fæcal matters, the soft trembling mass resembled much guava jelly. As the seasons progress, the affection becomes manifestly more bilious: the countenance and conjunctiva assume an icterode hue, often followed by a general suffusion of bile under the whole skin. The pulse in the milder form of fever is, in most cases, *quick* and *frequent*—seldom full and tense; whilst in the other or bilious form, it is sometimes tense, always quick and frequent, and *but seldom full and round.* In the congestive variety it becomes *contracted*, and in many cases can scarcely be felt even in the larger arterial trunks.

The milder form of fever is generally the forerunner of a spell of "ague and fever"—usually terminating in a quotidian or tertian. It commences with a general sense of ill feeling (*mal-aise*) attended with pains in the bowels, disposing to frequent stools of the character already noticed—fol-

lowed by chilliness, but not often by distinct rigors or much gastric derangement. Heat comes on, with dry skin, flushed face, slight headache, quick respiration, moist *white* tongue, and thirst; and continues at short intervals, unless interrupted by the intervention of art, for two or three days, and ends in distinct "chills and fevers."

The *bilious* form usually begins with creeping chills over the body; aching pains in the long bones and lumbar spine; insomnolency; great sense of weariness; gastric distress with vomiting; sense of oppression in breathing, followed by hot skin and unquenchable thirst, tongue coated with a thick yellowish white fur which becomes dry and brown as the fever progresses,[1] dull pain in the head with confusion of ideas; *soreness in the eyeballs;* scanty reddish urine; and slight clayish inodorous stools, which, if the disease progresses without interruption, become, at the end of a few days, like those voided in the last stages of fatal dysentery, mostly of a reddish serous fluid, possessing such acrid qualities as to excoriate the skin around the anus.

The *congestive* type is mostly an unfavourable turn in the symptoms of the bilious form, produced by sudden depletion, the rapid exhaustion of the vital forces by the action of the poison *circulating in the blood*, or by sudden mental emotion. Yet, often the disease is congestive from the commencement—ushered in by severe rigours, that follow each other in quick succession; cramps of the legs; head feels tight and hot; an insupportable oppression at the præcordia; constant retching, with inability to vomit; sunken eyes, letting drop the "unconscious tear;" livid lips; anxious or fallen countenance; short respiration, with whispering voice; cold extremities, with bluish nails; and clammy exudation about the face and neck. When the congestive form takes the place of the bilious, the change is very sudden and alarming. The patient left with a hot skin, quick and frequent pulse and free respiration, is often in an hour afterwards cold and pulseless, and gasping for breath. This form is much more dangerous when it occurs as a change than when it ushers in an attack; in the one it is occasioned by the exhaustion, in the other by the mere depression of the powers of life.

Treatment.—It will be observed that the remitting fever endemic to the Arkansas country differs essentially in character from that which prevails in the middle or northern states. The absence of activity in the pulse, and the constipation of the bowels, so universally present in the remitting fever of more temperate latitudes, does not alone distinguish it. The dysenteric condition of the bowels, so common in the fevers of the southwest, and so seldom met with in more temperate climes, may be owing to the influence of atmospheric vicissitudes conjoined with that of marsh effluvia.

The milder form of this disease yields readily to low diet, gentle purgation, diluent drinks, cold applications to the head, pediluvia and maniluvia, and cataplasmata to the abdomen. A pill of calomel, ipecacuanha, and opium,[2] given and followed in four hours by another of the same kind, and six hours afterwards by an ounce of castor oil, would generally excite the secretion of bile, bring on copious feculent stools, determine to the skin, and would, with plentiful draughts of slippery elm or flaxseed mucilage, put an end to the disorder. Should any derangement of the bowels continue after the operation of the purge, it was usual to give half a grain each of opium and ipecacuanha in pill, or five grains of Dover's powder, every three hours, and order mucilaginous drinks to be taken freely, with occasional emollient injections and the continued application of warm poultices, or cloths fre-

[1] Frequently becomes black in the congestive form—hence its name of "*black tongue fever*," by which it is known among the inhabitants.

[2] R Proto-chlor. hydrarg. gr. x.
Ipecac. gr. ii.
Opii gr. i.
mel. q. s.
ut ft. massa. Divide in pilulas ij.

quently wrung out of warm water, to the abdomen, and bathing the feet and hands often in warm brine. The *lancet* was seldom had resort to, on account of the tendency of general bleeding, in that climate, to induce prostration or protract recovery in diseases not clearly inflammatory. Scarifications, and the application of cups on the nape of the neck and temples proved beneficial where there was much cephalalgia; as did also topical depletion from the abdominal surface when much pain was present in the bowels. Did the bilious secretion, after becoming once re-established, cease, and the stools again become mucous-like, or mucous intermixed with blood or serum, a grain or two of calomel with one of ipecacuanha, and half a grain of opium, were given in pill every two hours to the number of six, and, three hours after, half an ounce of castor oil, which scarcely ever failed to fulfil the object of their exhibition, a restoration of the hepatic and cuticular secretions. If the attack terminated in *intermittent* affection, and there was nothing to contra-indicate its use, *quinine* in pill of two grains every two hours was directed, and the time so arranged that one of these periods should fall on an hour preceding the expected paroxysm, when from six to twelve grains, according to the case, were taken, with the invariable effect of breaking up the *periodicity* of the disorder. The same continued till the terms of three paroxysms had been passed over; and then a grain every four hours for a week completed the treatment.

General blood-letting, or free and repeated purgation, even with the milder purgatives, was sure to be followed by a *typhoid* condition of the system; and where "*aloes, colocynth, gamboge, rhubarb,* and *scammony,*" were used extensively, as directed by one of the "*lights*" of our profession, fatal results were sure to follow.

In the *bilious* form the treatment was somewhat different. If the patient were seen in the formative stage, before the fever had become fully developed, an *emetic* of ipecacuanha, followed by copious draughts of chamomile, or common tea, or tepid water, was always succeeded by speedy and gentle reaction, with a manifest shortening of the paroxysm. Emetics, exhibited after the full developement of the fever, contributed to aggravate the gastric distress, and proved rather injurious than beneficial. Tartarised antimony had no place as an emetic in our treatment of bilious fever: ipecacuanha has always effected our object, without occasioning gastro-intestinal inflammation, so apt to be excited in this affection by the emetic tartar. After the full operation of the emetic, and the stomach had become calm (which could generally be rendered so by rinsing the mouth with cold water, and swallowing small draughts of the same, or by rolling ice about in the mouth and swallowing morsels of it) five grains of calomel with half a grain of opium and one of ipecacuanha in pill were given—followed, in four hours, by another, and from four to six hours after by an ounce of castor oil, or Epsom salts, or a dram of calcined magnesia. The *calomel*, given in this way, and followed by one of the milder purgatives, would excite the liver, and bring on copious bilious evacuations, that were readily maintained by an occasional half ounce of castor oil, a seidlitz powder, or a dose of effervescent magnesia, conjoined with enemata of infusion of flax-seed or slippery elm. The cephalalgia would, in the majority of cases, disappear so soon as the biliary organs resumed their natural functions. If it were violent, cupping the temples and nape of the neck would give relief; if it persisted, cold water was poured over the head, or cloths wrung out of the same were constantly kept to it, or *ice* enclosed in a bladder, oiled silk, or in a towel, kept trailing over it. The feet and legs to the knees, and hands and fore-arms, were plunged in hot mustard baths, with the effect to cause a dilatation of the vessels of the extremities, enabling them to receive a larger portion of blood than natural, which being abstracted from the brain and other organs essential to life disposed these to resume their healthy functions, whilst from the application of cold, the vessels of the head were constricted, and disabled from receiving even their usual allowance. Sometimes, a small *revulsive* bleeding would have this effect, especially if performed in a vein of the foot.

In some cases, violent cephalalgia, oppressed breathing, and hot skin, have given way under a venesection from a branch of the larger saphena on the back of the foot: ere six or eight ounces of blood had been drawn the pain in the head would cease, respiration become easy, and a general perspiration would break out, which was encouraged by diaphoretic drinks, such as elder blossom tea acidulated with lime juice, tartaric acid or vinegar, tamarind, or cream of tartar water or lemonade. No difficulty was experienced in calming the gastric irritability, and consequent thirst, so common and distressing in this affection. This was readily effected and in a manner grateful to the patient. He was enjoined to rinse his mouth frequently with cold water; take small draughts of cold slippery elm mucilage, slightly acidulated with lime-juice; or, when *ice* could be procured, roll small lumps constantly in the mouth and swallow some occasionally, or drink small frequent draughts of iced water or lemonade. In some cases where the retching proved painful, the epigastrium was scarified and cups applied, followed by warm cataplasms or cloths wrung out of warm water. These simple means would most frequently produce surprisingly good effects, and greatly aid the free operation of the purgatives given. Indeed we frequently directed those measures when no tormina or fulness in the abdomen was experienced. Throughout the affection, and particularly during the operation of the purgatives, (especially of calomel,) it was always enjoined to partake liberally of cool mucilaginous drinks, of which the bark of the slippery elm (*ulmus fulva*), infused in water, afforded the most palatable and salutary.

In a very large majority of the cases of bilious remittent fever treated by us in the Arkansas country, and our practice in this affection has been very extensive, we have not had occasion to give over *ten* grains of calomel in the whole treatment of a case. In some cases, where the secretion of bile ceased to be maintained, we would order another pill of calomel, opium, and ipecacuanha, with an after dose of oil and simple enemata, which would effect our object. Sometimes for the pill of calomel we would substitute two of blue mass, extract of colocynth, of dandelion, and rhubarb,[1] given two hours from each other, and succeeded in four or five hours by a dose of castor oil and a simple injection. If a dysenteric state of the bowels, so often present in this disease as it prevails in the southwest, continued after the functions of the liver were restored, and *bile* still appeared in the stools, pills of half a grain each of opium and ipecacuanha, given every three hours, with plentiful drinks of slippery elm tea, would determine to the surface and relieve the bowels. In some cases where a *typhoid* disposition was manifested, we united two grains of calomel to these small pills of opium and ipecacuanha, and gave one every two hours until a slight mercurial effect on the breath or on the tongue and gums was produced, which would be followed by speedy convalescence.

In the practice in the bilious remittent fever of the southwest, *calomel*, in the hands of many practitioners, is pushed to an immoderate extent. I have known it in Arkansas to be measured out by the "*teaspoonful.*" It is very common for some physicians there to give uncombined doses of a scruple every three hours for the first day or two, sometimes combining it with jalap. These practitioners, unacquainted with the pathology of the disease, are much surprised at its fatality; not reflecting for a moment that their profuse bleedings and inordinate purgation, occasion the "*parched brown beefsteak tongue,*" petechial state of the skin, hiccough, jerking of the tendons, coldness of the surface, colliquative hemorrhages from the nose and gums, and discharges from the bowels—attributing to the effects of disease what are the results of murderous practice.

[1] R. Mass. ex hydrarg. gr. x.
Ext. taraxaci ℥i.
— colocynth. et
Rad. rhei aa gr. x.
M. et. ft. massa. Divide in pilulas vi.

I have treated a great number of cases of remittent fever in the Arkansas country—some of the most malignant character—without losing an individual. It is with honest pride I state it; but only that humanity may be the gainer, by others going and doing likewise.

The *diet* throughout an attack of bilious remittent fever was of the lightest kind—a little rice or barley water, crackers, gruel, panada (without wine), arrow root, starch, sago, or tapioca, were all that was allowed. When convalescence commenced, the return to food was gradual; as the least impropriety in diet or drink would, for weeks after an attack, bring on pain in the bowels, followed by dysenteric discharges. At first, a little chicken broth, beef tea, or mutton bouillon—a little bursted rice with the addition of a small quantity of butter and sugar, soft boiled or poached eggs, a piece of broiled bird, fowl, or fresh fish, custards, and tea and soft toast—were very proper articles of diet in convalescence from this fever. It was found necessary in many cases to continue the use of mucilaginous drinks for weeks after an attack. The tongue became clean under their use, and the state of the bowels improved.

The *congestive* form. When this fever assumed the congestive type at the beginning, a large *emetic* (℥i à ii) of ipecacuanha, with a broad sinapism to the epigastrium, and bathing the extremities in a hot mustard bath, would frequently bring on speedy reaction without the aid of other means. In some cases, however, it was necessary to exhibit the emetic in a wine glass of brandy, or give the wine of ipecacuanha in a very large dose; and in others, besides, frictions with warm stimulating embrocations—warm bricks or bottles of warm water to the arm pits, between the thighs, and to the soles of the feet, were necessary to restore action in the circulatory and respiratory organs. So soon as the fever (hot stage) became established, and the stomach calmed by the means resorted to in the treatment of ordinary bilious fever, the same plan to arouse the secreting and secerning organs and to equalise the circulation, as directed in that form, was pursued, with usually the same good results. The patient, throughout an attack of fever, commencing in the manner described, has to be closely watched, for at certain times, particularly towards evening, he is apt to sink down, and if not shortly relieved, passes into irrecoverable collapse. In some cases I have had to apply revulsive and stimulating means several times before this disposition to congestion would be overcome. When, in the ordinary bilious remittent, the patient manifested a disposition to pass into a congestive state, I have immediately exhibited a vinous emetic, and applied a large sinapism to the epigastrium—giving, after the operation of the emetic, mulled wine, or brandy, or rum punch, by the tablespoonful, every few minutes till the patient improved. In cases where congestions had become established, I was under the necessity of applying a sinapism extending the breadth of the chest and abdomen—from the clavicles to the pubes—sinapisms to the wrists and ancles, and of giving undiluted brandy, a wineglassful at first, followed by occasional table-spoonfuls. Blisters to the ankles and wrists and sometimes to the epigastrium, after the removal of the sinapisms, had to be used in some cases to keep up an irritation in parts remote from the organs essential to life, now threatened with suffocating engorgement—to invite an afflux of humours, by this means to equalise the circulation of blood[1] and prevent its irregular distribution. Where the disposition to congestions appeared *periodical*, and the patient had voided bilious stools from the operation of purges given, *quinine* was prescribed in solution, two grains every second hour, and an hour before the expected time of depression from six grains to a scruple dose with the effect to prevent it.

I shall speak of the treatment of those paroxysms of intermittent fever, cephalalgia and anomalous pains, that follow in the wake of bilious and congestive remittent fevers, when I come to treat of "intermittent fever" as it prevails in the southwest, which will be the subject of our next number.

[1] Upon the principle I conceive already established—"*Ubi irritatio: ibi fluxus.*"

Art. III.—ON THE ALBINO.

The term *Albino* is said to be given by the East Indians to a species of beetle (*Blatta*), especially the *blatta gigantea* of the Indian forests,[1] whence it has been transferred to the peculiarity in the human race to which we are desirous of attracting attention. The greater part of these beetles shun the light, and hence perhaps the transference of the term Albino, as well as of that of Kakkerlaken or cockroaches, which has been applied to the human Albino, by the Dutch.[2] They have likewise been termed, by different anthropologists, *Blafards*, *Dondos*, *White Negros*, *Leucæthiopes*, *Leucotici*,[3] *&c.* The peculiarity consists essentially in absence of the colouring matter of the eyes, skin, and hair.

This singular state is not confined to man. It is met with also in many animals. The white rabbit, the white mouse, the white elephant—deified amongst the Burmese, &c.—are examples of it.

It has been a weighty stumbling-block to account for this defect of colouring matter. It is clearly a case of monstrosity—as it may be properly termed—by defect, and admits as little of satisfactory explanation as many of them. The idea of the Albino forming a separate and distinct variety or race of the human family, as was at one time almost universally believed, is now justly exploded, and the state of *Albinoism* is properly classed amongst other defective formations.[4] Yet we find writers on the races of mankind[5] still conceiving it necessary to speak of the Albino, and of the Cretin, although they might with as much propriety treat of the hare-lip, cleft palate, &c. This fact is strikingly shown in the following notes of a case of Albinoism, communicated by Dr. Mercy, of Cape May, to our friend, Prof. Geo. McClellan, and by him to us. The parents, it will be observed, were healthy, and possessing all the characters of their race; whilst two of the children—and two only—had the characteristics of the Albino; the others being properly formed.

Some cause, during intra-uterine existence, interferes with the organs whose office it is to deposite the colouring matter, but as to what that cause is, and its *modus agendi*, we are entirely in the dark.

"Peter Humphrey, aged thirty-three years, and Kezia Coachman, aged twenty-nine, brought up in the lower township of Cape May county: they have been married nine years, and had a healthy black male child about seventeen months after marriage, which lived a week. About one year after this, she had a miscarriage, at eight months, of a coloured male child. No cause for the accident recollected by her.

"One year and three months afterwards, she was delivered of an Albino or white girl, now two years old (in April last), and of a second white girl two years after, now three years old (in last June). During the pregnancy with the first white child, in the first month, she was driving two or three

[1] Encyclopædia Americana, I. 136. Philadelphia, 1829.

[2] Art. Kackerlach in Pierer's Anat-physiol. Real Wörterb. B iv. s. 352. Leipz. 1821.

[3] Rudolphi, in Encyclop. Wörterb. der Medicinisch. Wissenschaft. B. ii., s. 17. Berlin, 1828.

[4] Histoire Générale et Particulière des Anomalies de l'Organisation chez l'Homme et les Animaux, &c., par M. Isidore Geoffroy Saint Hilaire, Paris, 1832.

[5] Broc's Essai sur les Races Humaines, noticed in a late number of this journal. (July 15, 1837, p. 150.)

coloured women to a funeral in a wagon drawn by a white mare; the mare fell down over a stump, which accident frightened the mother and made her feel faint. During her pregnancy of the second white child, she was very fearful that the same accidental marks might occur, as the first was sickly, and subject to fits, which came on it at the end of the first year, and in a year had disappeared."

The two white children possess all the characters which are known to belong to the Albino. The hair, a specimen of which has been sent to us, is cream coloured and silky, but evidently that of the young negro.

Art. IV.—GRADUAL APPROACH OF PARAPLEGIA, AND A SUGGESTED REMEDY FOR HYDROPHOBIA.

BY JAMES MEASE, M. D.

In the second volume of the "Philadelphia Medical Journal" (1821), I inserted the particulars of four cases of the gradual loss of muscular power, two of which had ended in paralysis and death, at the date of my paper. The two last had not finished their course at that time, but the disease continued to progress until they also terminated in the same way. The next year I was consulted by the late Horatio Gates Spafford, of Troy, N. York, for a similar complaint, which, according to his statement, first appeared in 1816, in his right leg, but partially in both, and in 1821 he did not attempt to walk across his room without the aid of a staff. He complained more of an uneasy sensation than absolute pain, and added, "that since his lameness his general health was even better than it ever had been before." The disease commenced with a numbness and a pricky drowsy feeling of the second toe of the right foot from which it gradually extended upward to the hip, and when he wrote, his left leg was affected in a similar manner, but in a less degree. Mr. Spafford died of the Asiatic cholera in the year 1822.

In Dr. Tomkin's case,[1] the numbness was first felt in his heel, and soon extended to the knee. He became clumsy and staggering in his walk, lost the power of expelling as well as restraining his fæces, and was obliged to use a catheter. He however continued to hobble about until September, when all motion, and nearly all sensation, was lost below the lower part of the sternum.

The mere publication of cases of disease can produce but little benefit to mankind, unless pathological views accompany them. On this principle I ventured to suggest, in the conclusion of my paper in the "Philadelphia Medical Journal," that the original seat of the distressing affection under consideration was the origin of the nerves leading to the part of the lower extremity in which the weakness of voluntary power, or the morbid affection, is first evinced,[2] and suggested the propriety of applying the remedies to the primary source of it. I also recommended as an appropriate remedy, the application of caustic alkali to inflame the surface over the course of the spine, in the manner first used, and with success, by Dr. Hartshorne, of Philadelphia,[3] for tetanus, and subsequently by Dr. Lewis, of Pittsburg, by

[1] Boston Medical and Surgical Journal, June 21, 1837.

[2] Dr. Parry, of Bath, in England, ascribes paraplegia sciatica, and tic douloureux, to increased impulse of blood on the spinal cord, and to undue vascularity of the sheath investing the sciatic nerve at its origin. The pain or numbness in both these cases is felt in the limbs, though the seat of the disease is higher up—on the same principle that we feel a tingling pain and numbness in the little finger from a blow on the ulnar nerve at the elbow.—*Elements of Physiology and Therapeutics.*

[3] "Tie a piece of sponge to a fork or small stick, and after dipping it in a solution of the caustic in water (in the proportion of a dram to the ounce), apply it along the spine

Dr. Worthington of Georgetown, District of Columbia, and by Dr. Thomas of Easton, Maryland,[1] and recommended by myself in hydrophobia.[2] Since the publication of my paper, three thousand medical men at least have taken their stand in society, and as few of these, or of others who were in practice when it appeared, and now take the "Library," may have read it, I will probably render both classes a service by drawing their attention to a complaint which has heretofore been found so intractable as that under consideration. Knowing the nature of it, its slow, insidious, but steady progress, the medical attendant will see the importance of a prompt application of aid. I beg leave to request the medical faculty to consider the propriety of attempting its cure by inflaming the surface in the course of the spine, and if that remedy should not succeed, I would try a caustic each side of the fourth and fifth lumbar vertebræ.[3] The wonderful success that has attended this remedy in paralysis of the lower extremities, from diseased spine, and for which we are indebted to Mr. Pott, of London, induces the belief that it will be equally beneficial in the unaccountable morbid affection of the sciatic nerve.

It would test this theory, and might lead to a successful mode of treatment, if medical men would make it a point to examine the spinal cords of persons dying of this peculiar species of paralysis.

I again beg leave to request the medical faculty also to consider the propriety of inflaming the surface in the course of the spine in hydrophobia. The disease still remains one of the opprobria medicorum, notwithstanding the number, the very great number, of books and papers which have been written upon it, and is therefore open to any reasonable course of practice.[4] The pathological relations prevailing between this last malady and tetanus, which I have long since fully pointed out, give well grounded assurance that a treatment found so often to succeed in one, may be equally fortunate in the other. No one who peruses Dr. Reid's work on tetanus, and more especially reads the details of the morbid appearances recorded in Curling's late prize essay on it, can doubt of the various morbid affections of the spinal cord in that disease; nor will there be a moment's hesitation in assenting to the influence which is ascribed to this state of it in the production of numerous other diseases, (with difficulty assignable to any certain cause,) after the several treatises on spinal irritation have been carefully perused. I beg leave most urgently to refer those who are not familiar with the subject to

once or twice;"—I add, rapidly,—(See Philada. Eclectic Repository, April, 1819; and Dr. Lewis and Worthington's cases, in Med. Recorder of Philada. vol. iii. pp. 55, 170.)

Dr. Hartshorne recently informed me that he has had many proofs of the success of his remedy since the first trial of it, but that it had sometimes failed. It nevertheless deserves the confidence of physicians. I know of no internal medicine or external application, which is entitled to the character of a specific. If it fail, the shower-bath and powerful frictions ought to be tried.

[1] Eclect. Repert., vol. vii., p. 245.

[2] Med. Recorder, vol. ii., 297.

[3] As the mode of applying a caustic is not taught by learned professors in their lectures, it may happen that the following directions will be found useful. Take a stout piece of sheepskin or thin calfskin, two inches and a half square, cut a circular hole therein the size of a dollar, cover one side of it with adhesive plaster and apply it to the part; then rub strong caustic potash on the skin within the circle for four minutes, in which time its vitality will be destroyed; wash off the caustic with a sponge or soft cloth, and apply a poultice of flax-seed powder and warm water, or bread and milk, to promote the separation of the dead skin and the formation of the eschar. It may be prevented from healing by the use of an ointment of savin, or by weak cantharides ointment.

[4] Ploucquet gives a catalogue of eleven and a half quarto columns (three on a page) of the titles of works and dissertations on this disease, besides numerous references to papers in transactions of societies. He adds twenty-six columns, containing the appearances on dissection—list of remedies and their modes of application or use, and the means of preventing the disease.—*Literatura Medica Digesta, Tubingen*, 1808.

the authors whose names I have annexed.[1] The results of the trial of every new remedy ought invariably to be given to the public, that it may be followed if successful, and avoided if found inefficient. Next to a good pilot who safely brings a ship into port, he deserves the thanks of navigators who points out the dangers of an unknown coast, or how to avoid those which have proved fatal to others.

Philadelphia, August 25, 1837.

Art. V.—CASE IN WHICH SEVEN HALF CROWNS WERE SWALLOWED.

Mr. H. Wakefield[2] has related the case of a man who, on being sentenced to three years' imprisonment, swallowed seven half crowns, under the fear that they would be taken from him. No evil consequences resulted, and the affair was forgotten, when, upwards of twenty months afterwards, he fell under the care of Mr. Wakefield complaining of slight pain and tenderness of the abdomen, and after taking some ordinary medicine, the whole seven pieces were discharged.

This case adds another to the many on record of but slight disturbance being at times produced by the existence of extraneous bodies in the intestinal tube.

Art. VI.—ON THE COMPARATIVE ADVANTAGES OF THE DIFFERENT OPERATIONS FOR CATARACT.

BY J. A. ROBERTSON, M. D., SURGEON TO THE EYE DISPENSARY, EDINBURGH.[3]

We hope soon to publish, in the "Library" department, the translation of a memoir by M. Maunoir, of Geneva, on the application of the numerical method to cataract. In the mean time we cite an abstract of the relative success of the different modes of operating, as given by Mr. Robertson from his opportunities of observation. He enquires into the advantages and disadvantages of—1. *Division*, or breaking down the lens in situ. 2. *Extraction.* 3. *Displacement*, including *depression* and *reclination;*—in the former operation, the lens being pushed perpendicularly downwards; in the latter, the lens being imbedded in the vitreous humour with its anterior surface turned upwards and its upper edge backwards.

Of 1307 operations by *extraction*, there were 397 failures, or 30 per cent. nearly. Of 5729 operations by *displacement*, there were 1004 failures, or 17 per cent. nearly. In the last is included a great number of operations by

[1] Abercrombie on Diseases of the Spinal Marrow, in Edinb. Med. and Surg. Journal, vol. liii., and Philadelphia Medical Recorder, vol. ii.; and the authors he quotes,—Reid on Tetanus; Parry's Elements of Pathology and Therapeutics; Griffin on Functional Affection of the Spinal Cord, Lond. 1834; Hood on the Cure of Nervous Diseases by External Application to the Spine, 2d edit., Lond. 1829: Teale on Nervous Diseases, Lond. 1829; Tate on Hysteria, Lond. 1830; Marshall on Disease occasioned by Spinal Irritation, Lond. 1830; On Spinal Irritation connected with Nervous Diseases, Philadelphia, 1832, by Isaac Parrish, M. D.; Curling's Prize Essay on Tetanus, Lond. 1836; Travers on Constitutional Irritation, 2 parts.

[2] London Medical Gazette, for May 20th, 1837.

[3] Edinburgh Medical and Surgical Journal, for April, 1837; and British and Foreign Medical Review, for July, 1837. p. 257.

depression as well as by *reclination*; and Dr. Robertson remarks, that inasmuch as the latter operation is preferable to the former, the results ought to have been much more favourable had all the cases been operated on by reclination. The results above given are collected from the writings of others. Dr. Robertson subjoins a statement of 179 cases of hard cataract, without any complication, operated on by himself. The results were as follow:—

	Cases.	Cured.	Relieved.	Failed.
Extraction . . .	64	32	14	18
Reclination . . .	115	94	10	11

being a proportion of failures by extraction of 28 per cent. nearly, and by reclination of only 9 per cent. nearly.

Art. VII.—SIR FRANCIS SMITH ON THE USE OF CREOSOTE.

The present number of the "Library" contains the physical and medical history of creosote in monographic form. Sir F. Smith, of Dublin,[1] has recently published the results of his experience with the creosote in some external affections. He has used it successfully in cancrum oris, and is almost inclined to consider it a specific in tinea capitis; but the only details which he gives are of three cases of ulcer, in which its use as a lotion (undiluted) was evidently most beneficial. The first case was one of primary, foul, and obstinate chancre; the second of fistula in ano; the third of obstinate ulceration of the mucous membrane of the nose. After the creosote was had recourse to, the cure in all the cases was rapid.

BIBLIOGRAPHICAL NOTICES.

Montgomery on the Signs of Pregnancy, &c.[2]

The origin of this interesting and valuable work was the article on the "Signs of Pregnancy and Delivery," written by the author for the "Cyclopædia of Practical Medicine." This was so favourably received as to induce Dr. Montgomery to re-write it, and to add such fresh matter as his observation and farther experience enabled him to accumulate, "conjoined with such information from other sources as appeared consonant to truth, and likely to be useful in practice."—Preface, p. vi.

Both this paper and those on the duration and on the signs of pregnancy contain much important information. To these is added a brief memoir on spontaneous amputation of the fœtal limbs, on which subject Dr. Montgomery published a short paper in the year 1832, in the "Dublin Journal of Medical Science."[3] Observation had shown him that such cases were induced by accidental ligatures of the limbs, the cause of which remains enveloped in obscurity.

[1] Dublin Journal of Medical Science, No. 32, for May, 1837, p. 236.

[2] An Exposition of the Signs and Symptoms of Pregnancy, the Period of Human Gestation, and the Signs of Delivery. By W. F. Montgomery, A. M., M. D., M. R. I. A., Vice President and Professor of Midwifery in the King and Queen's College of Physicians in Ireland. 8vo. pp. 344. London, 1837.

[3] Vol. i., p. 140.

The work is elucidated by various lithographic representations of the areola around the nipple at different periods of pregnancy, and of corpora lutea, &c., besides xylographic illustrations of various subjects treated of in the text.

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Stokes on Diseases of the Chest.[1]

The admirable lectures on the "Theory and Practice of Physic," published in the early numbers of the "Library," as well as the general character of the various contributions to medical science made by Dr. Stokes, cannot but induce favourable anticipations regarding the work before us, of which the republication is commenced in the present number of the "Library." Nor will those anticipations be disappointed. It treats in different sections of the General Principles of the Diagnosis of Thoracic Disease; Diseases of the Mucous Membrane; Diseases of the Larynx and Trachea; Pneumonia; Gangrene of the Lung; Perforating Abscess of the Lung; Cancer of the Lung; and Diseases of the Pleura.

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Whitridge's Address to the Graduates of the Medical College of South Carolina.[2]

An appropriate address from one apparently in every respect well fitted for improving the occasion. It is devoted mainly to two topics. *First*, to a consideration of the relation in which the young graduate stands to society in a scientific and professional point of view; and *secondly*, the relation in which he stands to society in a moral and religious point of view.

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Fletcher's Physiology, Part III.[3]

On a former occasion,[4] we noticed the two first parts of the "Rudiments of Physiology," of the late Dr. Fletcher in terms they merited. This posthumous part, edited by Dr. Lewins, consists of ten chapters. 1. On the Phenomena of Sensation; 2. On the Nature of Sensation; 3. On the Immediate Seat of Sensation; 4. Stimuli to Sensibility; 5. On the Increase and Diminution of Sensation; 6. On the Phenomena of Thought; 7. On the Nature of Thought; 8. On the Immediate Seat of Thought; 9. On Sensation regarded as the Stimulus to Mind; and 10. On the Increase and Diminution of Thought; followed by a paper on Sleep.

[1] A Treatise on Diagnosis and Treatment of Diseases of the Chest. Part I. Diseases of the Lung and Windpipe. By William Stokes, M. D., M. R. I. A., Corresponding Member of the Medico-Chirurgical Societies of Berlin and Leipzig, Honorary Member of the Hunterian Society of Edinburgh, Physician to the Meath Hospital, and County of Dublin Infirmary, &c. 8vo. pp. 557. Dublin, 1837.

[2] An Address to the Candidates for the Degree of Doctor of Medicine, delivered at the annual commencement of the Medical College of South Carolina, March 15th, 1837. By J. B. Whitridge, A. M., M. D., President of the Medical Society and Ex-Officio of the Medical College of South Carolina. Abridged and first published in the Southern Literary Journal and Monthly Review; 8vo. pp. 23. Charleston, 1837.

[3] Rudiments of Physiology, in three parts. Part I. On Organism. Part II. On Life as manifested in Irritation. Part III. On Life as manifested in Sensation and in Thought. By the late John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology and on Medical Jurisprudence. Part III. Edited by Robert Lewins, M. D., F. R. C. P. E., with a biographical memoir of the author. 8vo, pp. 144. Edinburgh, 1837.

[4] Intelligencer, No. 4, for May 15, 1837, p. 75.

Diminished Secretion of Urine.—In a late number of this journal[1] we alluded to a remark by Professor Adelon, that the secretion of urine cannot be arrested for three days without death resulting, and adduced a case by Dr. Döring, of Ems, in which death did not supervene for twelve days. We have, at this time, under our care a young gentleman, labouring under melancholia, characterised by all that resistance to ordinary influences which belongs to that form of insanity, in whom the urine, we were informed, had certainly not been discharged for ten days, yet the quantity ultimately voided was by no means large, so that the daily secretion must have been greatly diminished if not arrested.

Tobacco in Tetanus.—M. Cavenue, of Martinique, where tetanus is very frequent, has often had recourse to tobacco enemata with much success.[2] Two of the cases referred to by him are of traumatic tetanus; besides one following suddenly on the use of the cold bath during profuse perspiration, and another subsequent to the bite of a serpent, which is almost always fatal.

The infusum tabaci of the pharmacopœia of the United States, which contains one dram of the plant to a pint of water, is a good form, and of proper strength in the generality of cases.

Louisville Medical School.—The professors to this new institution have been appointed. They are,—1. Jedediah Cobb, M. D., (previously of the Medical College of Ohio) Professor of Anatomy; 2. Joshua B. Flint, M. D., (late of Boston) Professor of Surgery; 3. Charles Caldwell, M. D., (previously of the Transylvania University) Professor of the Institutes of Medicine and Clinical Practice; 4. John E. Cooke, M. D., (lately of the Transylvania University) Professor of the Theory and Practice of Physic; 5. Lunsford P. Yandell, M. D., (lately of the Transylvania University) Professor of the Materia Medica; 6. Henry Miller, M. D., Professor of Obstetrics and Diseases of Women and Children; 7. John Locke, M. D., (of the Medical College, Ohio) Professor of Chemistry and Pharmacy.

Dr. Locke is at this time in Europe. The trustees appointed him, believing from the assurances of his friends that he would accept. Should he decline, chemistry will be taught during the ensuing winter by Dr. Yandell.

Washington Medical College, Baltimore.—It is announced in the daily prints that Dr. Dunbar, of Baltimore, has been appointed Professor of Surgery in the Washington Medical College. Dr. D. is a gentleman of talents; full of zeal for the advancement of his profession, and we doubt not will well fulfil the duties which he has undertaken.

University of Maryland.—The medical corps of this institution has been made complete by the appointment of Dr. John Frederick May, of Washington city, to the chair of Principles and Practice of Surgery. We have no personal acquaintance with Dr. May. He is favourably spoken of.

[1] Intelligencer, for August 15, 1837. p. 194.

[2] Bulletin de l'Académie Royale de Médecine, No. V., 1836; and British and Foreign Medical Review, No. VII., for July, 1837. p. 223.

BOOKS RECEIVED.

We have to express our warm acknowledgments to our distinguished friend, Dr. Forbes, of the "British and Foreign Medical Review," for several recent works, which we shall notice from time to time, and amongst them the following periodicals of recent date:—

Medicinische Zeitung von den verein für Heilkunde in Preussen.

Wochenschrift für die gesammte Heilkunde von Casper; Journal der practischen Heilkunde, von Hufeland und Osann; Journal für Chirurgie und Augenheilkunde, von Gräfe und Walther; Rust's Magazin für die gesammte Heilkunde; Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepont, und Ritgen; Medicinische Jahrbücher des Kaiserl. Königl. Osterreichischen Staates, von A. J. F. von Stifft und J. N. E. Von Raimann; Antologia Medica di V. L. Brera, and Annali Universali di Medicina di Annibale Omodei.

From Professor Charles Davis, M. D., of Georgia.—An Address to the Candidates for the Degree of Doctor of Medicine, delivered at the annual commencement of the Medical College of South Carolina, March 15th, 1837. By J. B. Whitridge, A. M., M. D., President of the Medical Society and Ex-Officio of the Medical College of South Carolina. Abridged, and first published in the Southern Literary Journal and Monthly Review. 8vo, pp. 23. Charleston, 1837.

From Professor J. B. Beck, of New York.—State of the New York Hospital, and Bloomingdale Asylum, for the year 1836. 8vo, pp. 12. New York, 1837.

From Dr. Forbes.—A Lecture on Life and Organisation read before the Chichester Literary and Philosophical Society, November 8th, 1831. By John Forbes, M. D., F. R. S. 12mo, pp. 25. Chichester, 1836. (Not published.)

From the same.—A Lecture on the Comparative Physiology of Plants and Animals. Read before the Chichester Literary and Philosophical Society. By John Forbes, M. D., F. R. S., (from the Chichester Magazine.) 8vo. pp. 43. Chichester, 1837.

From the same.—Darstellung und Anischten zur Vergleichung der Medicin in Frankreich, England, und Deutschland, nach einer Reise in diesen Ländern im Jahre 1835. Von Dr. Adolph Mühry, practischem Arzte und Wundarzte in Hannover. Mit zwei Plänen. 12.mo, s. 283. Hannover, 1836.

A Treatise on the Diagnosis and Treatment of Diseases of the Chest. Part I. Diseases of the Lung and Windpipe. By William Stokes, M. D., M. R. I. A., Corresponding Member of the Medico-chirurgical Societies of Berlin and Leipzig, Honorary Member of the Hunterian Society of Edinburgh, Physician to the Meath Hospital and County of Dublin Infirmary, &c. 8vo, pp. 557. Dublin, 1837.

Rudiments of Physiology, in three parts, &c. &c. By the late John Fletcher, M. D., F. R. C. S. E., Lecturer on Physiology, and on Medical Jurisprudence. Part III. Edited by Robert Lewins, M. D., F. R. C. P. E., with a biographical memoir of the author. 8vo, pp. 144. Edinb., 1837.

An Exposition of the Signs and Symptoms of Pregnancy, the Period of Human Gestation, and the Signs of Delivery. By W. F. Montgomery, A. M., M. D., M. R. I. A., Vice President and Professor of Midwifery in the King and Queen's College of Physicians in Ireland. 8vo, pp. 344. London, 1837.

The article in our last number, p. 209, entitled "Extraction of a Foreign Body from the Female Bladder, by M. Thomas," is evidently an abstract of a case by Honoratus L. Thomas, published in the first volume of the Medico-Chirurgical Transactions, of London, *twenty-eight years ago!* For this correction we are indebted to a correspondent, X., of Baltimore. No reference whatever is made to the original by the editor of *La Lancette Française.* He gives it as if it were a case of recent occurrence.